



CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 16, 2003
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(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION
Attorney Docket No. OR00-14001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF

Vipin Samar

Serial No. 09/741,680

Filing Date: December 15, 2000

Title: METHOD AND APPARATUS FOR
MANAGEMENT OF ENCRYPTED DATA
THROUGH ROLE SEPARATION

)
) Examiner: Nguyen, Cam Linh T
)
) Group Art Unit: 2171

RECEIVED

JUL 23 2003

Technology Center 2100

RESPONSE TO OFFICIAL ACTION UNDER 37 C.F.R. § 1.111

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action mailed **April 30, 2003**, please consider the following amendments and remarks.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begin on page 3 of this paper.

Remarks/Arguments begin on page 10 of this paper.



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AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed **April 30, 2003**.
- ☐ A petition for extension of time is also enclosed with a fee of \$0.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.

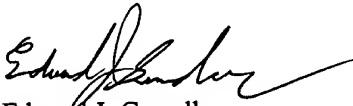
☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$___ is enclosed.
☐ Charge \$___ to Deposit Account No. ___ (Docket No. ___).
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR00-14001).

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Respectfully submitted,

By 
Edward J. Grundler
Registration No. 47,615

Date: July 16, 2003